

Locality/FIPS \_\_\_\_\_ Case # \_\_\_\_\_ ADAPT # \_\_\_\_\_ Date Application Received \_\_\_\_\_ Worker # \_\_\_\_\_

**FUEL ASSISTANCE APPLICATION** *accepted the 2<sup>nd</sup> Tuesday in October through 2<sup>nd</sup> Friday in November*  
**In what city or county do you live?** \_\_\_\_\_PLEASE ANSWER ALL QUESTIONS COMPLETELYName \_\_\_\_\_ SEX:   M     F   Are you Hispanic or Latino?   YES     NO  

Last

First

Middle Initial

Race (**Circle One**) **1.** White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Service Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Directions to home \_\_\_\_\_ Email Address \_\_\_\_\_

**1. Check either yes or no to answer each of the following questions.****A.** I received Fuel, Crisis or Cooling Assistance in the past 12 months.   YES     NO  **B.** I pay to heat my home.   YES     NO  **C.** Oil, kerosene, gas, coal, or wood is delivered to my home.   YES     NO  **2. Circle the letter** that best describes your present living situation. **Read each one** before you choose. **CIRCLE ONLY ONE.****A.** I own or am buying my home and **pay all heating bills.****G.** I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my heating bills.****B.** I own or rent my home and do not pay a heating bill.**I.** I live in one room in someone else's house.**C.** I pay rent and also **pay for heat separately.****L.** I live in an institution, group home, treatment center or home for adults.**E.** I pay rent & my **heat is included in the rent** payment.**P.** I live rent-free in more than one room, house or apartment and **pay for heat.****F.** I live in subsidized housing, Section 8, HUD and **occasionally pay excess usage charges.****Q.** I live in an emergency shelter.**3.** Are all people in your household United States citizens?   YES     NO   If no, who? \_\_\_\_\_**4.** Is anyone in your household disabled?   YES     NO   If yes, who? \_\_\_\_\_**5. How many people live in your household?** [# \_\_\_\_\_]**List yourself first and every person living in the home.****Complete information for each person.**

| NAME | RELATION<br>TO<br>PERSON<br>ON LINE<br>#1<br><br>Self | SOCIAL<br>SECURITY# | DATE<br>OF BIRTH | WORKING |   | INCOME<br>AMOUNT | INCOME<br>PAID<br>weekly,<br>biweekly,<br>monthly | LIST ALL SOURCES OF INCOME<br>Employer for earned income,<br>Self-employed, Social Security, SSI,<br>VA benefit, Child Support, etc. |
|------|---|---------------------|------------------|---------|---|------------------|---|--|
|      |   |                     |                  | Y       | N |                  |   |  |
|      |   |                     |                  |         |   |                  |   |  |
|      |   |                     |                  |         |   |                  |   |  |
|      |   |                     |                  |         |   |                  |   |  |
|      |   |                     |                  |         |   |                  |   |  |
|      |   |                     |                  |         |   |                  |   |  |
|      |   |                     |                  |         |   |                  |   |  |

**6. Circle ALL types of household income:**    **A.** TANF    **B.** Social Security    **C.** SSI    **D.** Unemployment    **E.** Employment or Self-employed    **G.** General Relief

| H. VA Benefits | N. Worker's Compensation | Q. Support or Alimony | U. Rental Income | W. Retirement | Other:specify |
|----------------|--------------------------|-----------------------|------------------|---------------|---------------|
|                |                          |                       |                  |               |               |

7. Do you receive a check from the Division of Child Support Enforcement? YES NO How much?                      Who pays the child support?                     

8. Does any household member receive Food Stamps? YES NO If yes, case name \_\_\_\_\_

9. Does anyone pay for Medicare Part B insurance? YES NO If yes, who? \_\_\_\_\_ How much? \$ \_\_\_\_\_

**10.** Does any household member receive Medicaid?      YES      NO      If yes, case name \_\_\_\_\_

**11. Is Medicaid Home & Community-Based Care received?**      YES      NO      If yes, by whom? \_\_\_\_\_ Patient pay amount is \$ \_\_\_\_\_

**12. CIRCLE equipment** used most frequently to heat your home. **CIRCLE ONLY ONE.**

**L. Unknown**

**13. Circle the fuel used most frequently to heat your home. CIRCLE ONLY ONE.**

**1. Electricity    2. Natural Gas    3. Oil (#2)    4. Clear Kerosene    5. Coal    6. Wood    7. Liquid Propane (LP)/Bottled Gas    0. Red Kerosene**

What size is your fuel tank? \_\_\_\_\_ gallons

14. Name and address of the company used for home heating. \_\_\_\_\_

Verification from the utility company is needed if you heat with electricity or natural gas. **Attach a copy of your current electric or gas bill.** A Fuel Assistance payment can only be made if you owe a balance on your electric or natural gas bill. Complete the following:

|                            |                |
|----------------------------|----------------|
| In whose name is the bill? | Account Number |
|----------------------------|----------------|

Who is responsible for paying the bill?

**FUEL ASSISTANCE APPLICATION DATES:** *Applications are accepted from the second Tuesday in October through the second Friday in November*

### APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. If your application is approved your Approval Notice will be mailed in late December.

|  |             |
|--|-------------|
| <b>Applicant Signature or Mark and Witness</b> | <b>Date</b> |
|--|-------------|

**Completed on behalf of applicant by: \_\_\_\_\_ Date \_\_\_\_\_**